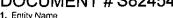
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # S82454 1. Entity Name

FILED Mar 21, 2008 08:00 A Secretary of State



COLLISON'S AUTOMOTIVE, INC.

Principal Place of Business 1756 COMMERCE AVENUE VERO BEACH, FL 32960

Mailing Address

1756 COMMERCE AVENUE VERO BEACH, FL 32960



ં માં પ્રાથમિક ફાર્યો કે માર્ચ કે પ્રાથમિક કે પ્રાથમિક કે પ્રાથમિક કે પ્રાથમિક કે પ્રાથમિક કે પ્રાથમિક કે પ્રા માર્ચ કે પ્રાથમિક કે પ્રાથ DO NOT WRITE IN THIS SPACE

No Chg-P 03132008 CR2E034 (11/05)

4. FEI Number 59-3102773

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLISON, WILLIAM E. 1756 COMMERCE AVENUE VERO BEACH, FL 32960

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and title it	d applicable (NOTE: Registerer	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	\$5.00 May Be Added to Fees	060000865022 04/07/08-80012-004 150.00
10.	OFFICERS AND DIREC	TORS		Fire grant markets
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P COLLISON, WILLIAM E. 1756 COMMERCE AVENUE VERO BEACH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLISON, LISA J 6209 LILYAN PKWY FORT PIERCE, FL 34951		The speak of the second	
NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
ITLE NAME STREET ADDRESS CITY-SI-ZIP			想要要的表情,但可以是 " 你不是你,我	THIS SPACE
TITLE				

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or kustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a paddress, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+S1-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

J~18